



**RICHMOND COUNTY JUVENILE COURT
AUGUSTA JUDICIAL CIRCUIT**

Keith B. Johnson (Chief Judge)
Amanda S. Heath (Judge)
Kelli J. Spencer (Judge)
Charles E. Evans (Judge)
William M. Fleming (Judge)

535 Telfair Street 6th Floor Suite 610
Augusta, Georgia 30901
Office (706) 821-1185
Fax (706) 821-1196

**PROCEEDING “PRO SE” IN
JUVENILE COURT
&
REPRESENTING “YOURSELF”
IN JUVENILE COURT**

USE OF FORM(S) PROVIDED BY JUVENILE COURT

There are no standard forms approved by law for the use in Juvenile Court. However, to assist citizens with filings in Juvenile Court, the attached forms are made available to any person who wishes to file an action in Juvenile Court.

It will be your responsibility to properly complete all forms, which must either be typed or legibly printed, and to assure the sufficiency and accuracy of all required information. The staff is not permitted to perform clerical tasks for the public and cannot accept responsibility for determining the legal sufficiency of the information required for any proceeding or form. The staff will not be able to answer any questions about any forms.

The law requires a representative of Juvenile Court to approve for filing any pleading any pleading presented for filing with the Court. However, the court representative is not saying the pleading is legally sufficient to obtain the results that are being requested.

Lastly, it is your responsibility to draft, prepare and to put in proper form any pleading filed in Juvenile Court. It is recommended all parties seek advice of an attorney before any action is taken to proceed in Juvenile Court.

ALL DOCUMENTS MUST BE FULLY COMPLETED AND LEGIBLE, EVEN IF THE SAME INFORMATION HAS BEEN STATED IN PREVIOUS FORMS.

ACCURATE ADDRESS AND TELEPHONE NUMBERS FOR THE PARENTS MUST BE ON FORMS. PLEASE INCLUDE WORK NUMBERS AND ANY ADDITIONAL ADDRESSES THAT MAY BE RELEVANT.

AFTER COMPLETING THE PACKET, PLEASE RETURN THE PACKET IN PERSON TO JUVENILE COURT:

RICHMOND COUNTY JUVENILE COURT
535 TELFAIR STREET 6TH FLOOR SUITE 610
AUGUSTA, GEORGIA 30901

- **A \$64.00 filing fee per Petition shall be paid to the Clerk of Superior Court, located at 735 James Brown Blvd, Suite 1500, Augusta, Georgia 30901.**
- **A drug screen must be completed for each adult living in the home of the Petitioner.**
- **If the Department of Family and Children services has been involved in any way with the child, you must inform the court.**
- **Once these items have been completed and presented to the Court along with the completed Petition, a designee from Juvenile Court must approve the Petition before the Petition can be filed with the Clerk of Court.**
- **Once the Petition has been filed with the Clerk and a case number has been assigned, after 5 days you MUST contact the Court at 706-821-1185 to obtain your Court Date.**
- **IF THESE ITEMS ARE NOT COMPLETED, A HEARING CANNOT BE SCHEDULED AND THE MATTER MAY BE DISMISSED.**

REPRESENTATION BY AN ATTORNEY AT LAW

You are not required to have an attorney. However, you are encouraged to seek Legal Advice prior to filing any action in Juvenile Court. It is suggested that you seek advice in Juvenile matters from an Attorney who practices Juvenile Law. The Attorney can assist you in determining which proceeding is the most appropriate for your situation and can discuss fully with you the benefits, if any, in considering alternative proceedings.

PROCEEDING WITHOUT AN ATTORNEY (PROCEEDING "PRO SE")

If you proceed without an attorney; i.e., PRO SE (a Latin phrase meaning "for one's self"), it will be your responsibility to determine or select the proceeding appropriate to your situation. The Juvenile Court staff may not make the determination for you. The Juvenile Court staff has been directed not to provide any legal advice.

The Juvenile Court Judge is required to remain impartial to all parties. The Judge may not advise you on which proceeding is the most appropriate for your case. The Judge is also prohibited from discussing facts or evidence in any case unless all parties are present and/or represented. You should not ask to discuss your case privately with the Judge.

Furthermore, if you proceed without an attorney, it will be your responsibility to make arrangements for personal service on all persons upon whom personal service is required, to assure the filing of a proper return of service on all such persons, to assure the publication of any notices not performed by the Court or its staff, and to secure the presence of any witness whose testimony is necessary under law or desired by you for the presentation of your case. If the matter is contested, it will be your further responsibility to prepare yourself and your case for trial, including the pursuit and response to discovery.

It is your responsibility to handle matters which would be performed by an attorney employed to represent you, and you are again encouraged to consult first with an attorney before deciding whether to proceed “PRO SE”.

CHILD’S ATTORNEY/GUARDIAN AD LITEM

All children are represented by attorneys in Juvenile court. A Guardian ad Litem who is not an attorney may also be appointed by the Court,

**PETITION
(DEPENDENCY)**
IN THE JUVENILE COURT OF
RICHMOND COUNTY, GEORGIA

In the Interest of

_____, SEX _____, AGE _____, DOB _____, FILE # _____

A Child/ Children Under 18 Years of Age

Your Petitioner alleges the Child(ren) named above to be of the sex(es) and age(s) and to have the name(s) there set forth above; that the (Putative) father of said Child(ren) is _____ who resides at _____, the mother is _____, who resides at _____; said child(ren) reside(s) at _____, in said county and state, and is/are in the custody of _____, who resides at said place; that the said child(ren) is/are subject to the jurisdiction of this Court; that said child(ren) is/are in need of protection of this Court and is/are deprived (O.C.G.A. § 15-11-2(22)) due to the following condition(s):

That said child(ren) was/were (not) taken into custody under the provisions of O.C.G.A. § 15-11-133.

That it is in the best interest of the child(ren) and the public that this proceeding be brought.

That said child(ren) is/are, is not/are not currently in shelter care facilities under the supervision of the _____ County Department of Family and Children Services, having been placed there at ____ m., on _____, 20____. Petitioner prays that process issue, directed to the parties hereto, requiring them to appear before this Court to answer the allegations of this Petition.

Petitioner

Subscribed and sworn to before me, on information and belief this _____ day of _____, 20_____.

Attesting Officer/Notary Public

The above Petition is approved to be filed in the best interest of the public and the named child.

This _____ day of _____, 20_____.

Court Designee

JUV-2 Dependency Complaint

**DEPENDENCY
COMPLAINT
IN THE JUVENILE COURT OF
Richmond COUNTY, GEORGIA**

File #:

Name of physical custodian of alleged dependent child(ren) (Last, F, M):		Age: _____
		DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____
Sex: _____		Bus Phone: _____
Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian:		
(Street)	(City)	(County) (State) (Zip)
Name of other custodian of the alleged dependent child(ren), (Last, F, M):		Age: _____
		DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____
Sex: _____		Bus Phone: _____
Mother of Child(ren):		Res Phone: _____
		Bus Phone: _____
(Include Mother's Maiden Name in Parentheses)		
Mother's Address:		
(Street)	(City)	(County) (State) (Zip)
Legal Father's Name:		Res Phone: _____
		Bus Phone: _____
Legal Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____
		Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____
		Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Each child's name, age, date and place of birth, and father's name:		

Taken Into Custody: Yes () No ()		
By Whom:		
(Name)	(Agency)	
Placement of Dependent Child:		Date: _____
		Time: _____

IN THE JUVENILE COURT OF RICHMOND COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

FILE NUMBER: _____

DOB: _____

A Minor Child

AFFIDAVIT REGARDING PARENTS

I, the maker of this Affidavit, before the undersigned officer duly authorized to administer Oaths, and after being duly sworn, state as follows:

I make this Affidavit in support of a deprivation petition and complaint to be filed in the Juvenile Court of Richmond County.

The Mother of the child named above is _____

The mother's current address is (state full mailing and street addresses, telephone number, and work address and telephone number, if available):

The mother's whereabouts are currently unknown to me. Her last known address is:

My last contact with the mother was (State, Date, Time and Method of Contact, i.e., face to face visit, telephone call, letter, etc.):

My efforts to locate the mother prior to filing this petition are as follows: (Please list, including attempts to locate at work, through other family members, through law enforcement, etc.):

The biological/legal father of the child above is: _____

The father's current address is (State full mailing and street addresses, telephone number, and work address and telephone number, if available):

() The father's whereabouts are currently unknown to me. His last known address is:

My last contact with the father was (State, Date, Time and method of contact, i.e. face to face visit, telephone call, letter, etc.): _____

My Efforts to locate the father prior to filing this petition are as follows:(please list, including attempts to locate at work, through other family members, through law enforcement, etc.):

The legal custodian of this child is: _____

SO SWORN, this _____ day of _____, 20__.

Affiant/Petitioner

Sworn to and subscribed before me

This _____ day of _____, 20__.

Notary Public

IN THE JUVENILE COURT OF RICHMOND COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

FILE NUMBER: _____

DOB: _____

A Minor Child

AFFIDAVIT CONCERNING CHILD CUSTODY

I, THE MAKER OF THIS Affidavit, before the undersigned office duly authorized to administer Oaths, and after being duly sworn, state as follows:

I make this affidavit in support of a deprivation petition and complaint to be filed in the Juvenile Court of Richmond County.

1. My name is _____
(I make this affidavit to comply with the Uniform Child Custody Jurisdiction Enforcement Act)

2. The name(s) and present address of the child(ren) who are the subject of this action are:

3. The child(ren), during the last five (5) years, have resided in the following places with the persons named (list name of custodian, address of custodian, and dates child resided with the custodian: add additional pages if necessary):

Child	Custodian	Address	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Affiant (circle one) has/has not participated as a party, witness, or in any other capacity, in any other litigation concerning the custody of the same child(ren) in this or any other state.

5. The affiant (circle one) has/has no information of any custody proceeding concerning the child(ren) pending in this or any other state. If affiant has information concerning any pending custody proceeding, please describe:

6. The affiant (circle one) knows/does not know of any person not a party to this proceeding who has physical custody of the child or claims to have custody or visitation rights with respect to the child. If affiant knows of any party, please name and give address and telephone number:

7. The affiant understands that (s) he is under a continuing duty to inform the Court of any custody proceeding concerning the child(ren) in this or any other state of which he/she obtains information during the case.

SO SWORN, this _____ day of _____, 20____.

Affiant/Petitioner

Sworn to and subscribed before me

This _____ day of _____, 20____

Notary Public

IN THE JUVENILE COURT OF RICHMOND COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

FILE NUMBER: _____

DOB: _____

A Minor Child

AFFIDAVIT CONCERNING FITNESS

I, the maker of this Affidavit, before the undersigned officer duly authorized to administer Oaths, and after being duly sworn, answer the Court's questions concerning my fits to serve as Temporary custodian of the above child, and state as follows:

I make this affidavit in support of a deprivation petition and complaint to be filed in the Juvenile Court of Richmond County.

1. Have you or has any person now living in your household ever been investigated by the Department of Family and Children Services, or similar child welfare agency?

No Yes

If response is yes, please state name of individual(s) investigated, month and year of investigation(s), county and state where investigation(s) took place, nature of allegations investigated, and outcome of investigation(s). Attach additional pages, if necessary.

2. Have you or has any person now living in your household ever been convicted of a crime, including D.U.I but excluding speeding or parking tickets?

No Yes

If response is yes, please state name of individual(s) convicted, state name of offense, county and state of conviction, date of conviction, and sentence received. Attach additional pages if necessary.

3. Have you or has any person now living in your household ever been treated for abuse of alcohol or drugs?

No Yes

If response is yes, please state name of individual(s) receiving treatment type of treatment received, month and year of treatment, whether any treatment is ongoing. Attach additional pages if necessary.

4. Have you or any person now living in your household ever been treated by a psychiatrist or psychologist for any mental or emotional disorder?

No Yes

If response is yes, please state name of individual(s) receiving treatment, type of treatment received month and year of treatment, whether any treatment is ongoing, and whether treatment included prescription medication. Attach additional pages if necessary.

SO SWORN, this ____ day of _____, 20____.

Affiant/Petitioner

Sworn to and subscribed before me

This ____ day of _____, 20____

Notary Public

IN THE JUVENILE COURT OF RICHMOND COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

FILE NUMBER: _____

DOB: _____

A Minor Child

AFFIDAVIT OF HOUSEHOLD MEMBERS

I, the maker of this Affidavit, before the undersigned officer duly authorized to administer to administer Oaths, and after being duly sworn, state as follows:

I make this affidavit in support of a deprivation petition and complaint to be filed in the Juvenile Court of Richmond County.

My name is _____

My mailing address is _____

My street address is _____

I hereby certify under oath that the following is a complete list of every person residing in my household:

<u>Name:</u>	<u>Age:</u>	<u>Relationship to Affiant/Petitioner</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SO SWORN, this _____ day of _____ 20_____

Affiant/Petitioner

Sworn to and subscribed before me

This _____ day of _____ 20_____

Notary Public

IN THE JUVENILE COURT OF RICHMOND COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

FILE NUMBER: _____

DOB: _____

A Minor Child

AFFIDAVIT OF CHILD OVER THE AGE OF FOURTEEN YEARS

Comes now, _____ and makes this Affidavit in connection with the above deprivation action, and under oath, states the following:

1. My full name is _____

2. My date of birth is _____ and my age is _____

3. My mother's name is _____.

Her last known address is _____

I last had contact with her (describe date and type of contact) _____

4. My father's name is _____

His last known address is _____

I last had contact with him (describe date and type of contact) _____

5. I understand that _____ (name of petitioner)

wants to become my temporary legal custodian. I agree that _____

_____ (name of petitioner) be my temporary legal custodian,

because I believe it to be in my best interests.

SO SWORN, this _____ day of _____, 20_____

Child Name

Sworn to and subscribed before me

This _____ day of _____, 20_____

Notary Public

SUMMONS AND PROCESS

NOTICE

ANYONE ATTENDING COURT MUST BE APPROPRIATELY DRESSED:
NO SHORTS, TANK TOPS OR OVERLY CASUAL CLOTHING, NO HANDBAGS
(POCKETBOOKS)

**MALES - NO EARRINGS ARE TO BE WORN IN THE COURTROOM

IN THE JUVENILE COURT OF
RICHMOND COUNTY, GEORGIA

TO:

CHILD

and

PARENT/GUARDIAN

NAME

DOB

FILE #

Child(ren)

A petition has been filed in this Court concerning the above child(ren). A copy of said petition is attached to this summons.

This is a summons, requiring you to be in Court. If you fail to appear in Court as required, you may be held in contempt of court and punished accordingly.

Now therefore, you, the parties named above, are commanded to be and appear on the date and time stated below, and to remain in attendance from hour to hour, day to day, month to month, year to year, and time to time, as said case may be continued. Until discharged by the Court, you are commanded to lay any and all other business aside and to be and appear before the Juvenile Court of RICHMOND County, Georgia located at 971 Broad Street, 2nd Floor Suite B Augusta, GA 30901 on the _____ day of _____, 2015 at _____. You, the said parent, guardian or legal custodian are likewise hereby commanded to be and appear with the aforesaid child(ren) in said court at the time and place above stated each of you then and there to make defense thereto and to show cause why the said child(ren) and all parties named herein should not be dealt with according to the provisions of the law.

WITNESS THE Honorable _____ Judge of said Court, this _____ day of _____, 2015.

(Deputy) Clerk, Juvenile Court of
RICHMOND County, Georgia

PROOF OF SERVICE OF CHILD

I hereby certify that on the _____ Day of _____, 20_____,
I personally served a true copy of the within summons and process and a true copy of the attached petition on _____, child in this case.

Authorized signature

PROOF OF SERVICE TO PARENT OR LEGAL CUSTODIAN

I have this _____ Day of _____, 20_____,
served a true copy of the within summons and process and a true copy of the attached petition by delivering to and leaving same with _____.

Authorized signature

RETURN OF SERVICE

I, the undersigned officer, after making diligent search, was unable to find the persons within named, to wit _____, within the jurisdiction of said court, and service of said summons and process upon said person was therefore not made.

This _____ Day of _____, 20_____.

Authorized Signature

ORDER TO TAKE CHILD INTO IMMEDIATE CUSTODY

It appearing to the court, from the allegations of the sworn petition and otherwise, that the welfare of the within named child _____ requires that the custody of same be immediately assumed.

IT IS ORDERED that the officer serving this summons and process shall at once take said child into immediate custody and deliver said child without delay to _____ there to be held pending further order of the court or its authority.

SO ORDERED this _____ day of _____, 20_____.

Judge/Associate Judge of Juvenile Court

RETURN OF OFFICER TAKING CHILD INTO IMMEDIATE CUSTODY

Pursuant to the order of court, I did, on the _____ day of _____, 20_____, take the within named child _____ into custody and delivered this child to _____.

Authorized signature